

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
 benefit trust or private foundation)  
 ▶ For organizations with gross receipts less than \$100,000 and total assets less  
 than \$250,000 at the end of the year.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

**2004**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service**A** For the 2004 calendar year, or tax year beginning **7/01/04**, and ending **6/30/05****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C** Name of organization**HERNANDO COUNTY EDUCATION DIRECT  
SUPPORT**

Number and street (or P.O. box, if mail is not delivered to street address)

**919 BROAD STREET**

Room/suite

City or town, state or country, and ZIP + 4

**BROOKSVILLE****FL 34601****D** Employer identification  
number**59-3031959****E** Telephone number**352-797-7029****F** Group Exemption  
Number

..... ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach  
 a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method: ☐ Cash ☒ Accrual  
 Other (specify) ▶

**I** Website: ▶**J** Organization type (check only one): ☒ 501(c) ( **3** ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**H** Check ☐ If the organization  
 is not required to attach  
 Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check ☐ If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the  
 organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **84,007****Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>81,833</b>
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	
<b>4</b>	Investment income	<b>4</b>	<b>605</b>
<b>5a</b>	Net gain or loss from sale of assets other than inventory	<b>5a</b>	
<b>5b</b>	Less: cost of other basis and sales expenses	<b>5b</b>	
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	<b>5c</b>	
<b>6a</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>6a</b>	
<b>6b</b>	Gross revenue (not including \$ of contributions)	<b>6b</b>	
<b>6c</b>	Less: direct expenses other than fundraising expenses	<b>6c</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>7b</b>	Less: cost of goods sold	<b>7b</b>	
<b>7c</b>	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	<b>7c</b>	
<b>8</b>	Other revenue (describe ▶ <b>See Statement 1</b> )	<b>8</b>	<b>1,569</b>
<b>9</b>	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	<b>84,007</b>
<b>10</b>	Grants and similar amounts paid (attach schedule) <b>See Statement 2</b>	<b>10</b>	<b>29,751</b>
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	
<b>16</b>	Other expenses (describe ▶ <b>See Statement 3</b> )	<b>16</b>	<b>41,856</b>
<b>17</b>	Total expenses (add lines 10 through 16)	<b>17</b>	<b>71,607</b>
<b>18</b>	Excess or (deficit) for the year (line 9 less line 17)	<b>18</b>	<b>12,400</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>68,977</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year (combine lines 18 through 20)	<b>21</b>	<b>81,377</b>

**Part II** Balance Sheets - If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions)

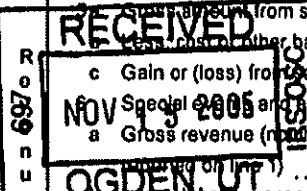
	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	<b>69,624</b>	<b>93,357</b>
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe ▶)		
<b>25</b> Total assets	<b>69,624</b>	<b>93,357</b>
<b>26</b> Total liabilities (describe ▶ <b>See Statement 4</b> )	<b>647</b>	<b>11,980</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	<b>68,977</b>	<b>81,377</b>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2004)

DAA

SCANNED DEC 08 2005



Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <b>PROVIDE SUPPORT TO TEACHERS</b>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	See Statement 5	
	(Grants \$ )	28a 15,867
29	MINI GRANTS, SCHOLARSHIPS, AND OTHER PROGRAMS TO SUPPORT AND TRAIN TEACHERS AND/OR STUDENTS	
	(Grants \$ 29,751 )	29a 29,751
30		
	(Grants \$ )	30a
31	Other program services (attach schedule)	(Grants \$ ) 31a
32	Total program service expenses (add lines 28a through 31a)	32 45,618

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contrib. to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Statement 6				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		X
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a 0	
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.	38b	
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization		0
41	List the states with which a copy of this return is filed.	None	
42	The books are in care of Kathleen J Reitz	Telephone no.	352-797-7029
	Located at Brooksville, FL	ZIP + 4	34601
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here		
and enter the amount of tax-exempt interest received or accrued during the tax year			

Please  
Sign  
Here

Under penalties of perjury, I declare that I have examined this return, including  
and belief, it is true, correct, and complete Declaration of preparer (other than  
Signature of officer  
KATHLEEN J. REITZ, E  
Type or print name and title

Paid  
Preparer's  
Use Only

Preparer's  
signature  
Firm's name (or yours  
if self-employed),  
address, and ZIP + 4  
18 North Broad Street  
Brooksville, FL 34601

**SCHEDULE A**  
(Form 990 or 990-EZ)**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2004**Department of the Treasury  
Internal Revenue Service**Supplementary Information-(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

**HERNANDO COUNTY EDUCATION DIRECT  
SUPPORT**

Employer identification number

**59-3031959****Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. ben. plans & deferred comp.	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)		<b>X</b>
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?		<b>X</b>
<b>b</b> Lending of money or other extension of credit?		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?		<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		<b>X</b>
<b>e</b> Transfer of any part of its income or assets?		<b>X</b>
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		
<b>b</b> Do you have a section 403(b) annuity plan for your employees?		<b>X</b>
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		<b>X</b>
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12** ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the Instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	67,876	50,249	50,247	41,978	210,350
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose			6,797	9,000	15,797
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(b)(6)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	91	224	557	1,038	1,910
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets <b>Stmnt 8</b>	453	450	1,358	429	2,690
<b>23</b> Total of lines 15 through 22	68,420	50,923	58,959	52,445	230,747
<b>24</b> Line 23 minus line 17	68,420	50,923	52,162	43,445	214,950
<b>25</b> Enter 1% of line 23	684	509	590	524	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test: Enter line 24, column (a)					
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					%
<b>27</b> Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	210,350				
d Add: Line 27a total _____ and line 27b total _____	15,797				
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)			230,747		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					98.0065%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					0.8277%
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions.)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	31		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)				
.....				
.....				
32	Does the organization maintain the following:	32a		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)				
.....				
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges? .....	33a		
b	Admissions policies? .....	33b		
c	Employment of faculty or administrative staff? .....	33c		
d	Scholarships or other financial assistance? .....	33d		
e	Educational policies? .....	33e		
f	Use of facilities? .....	33f		
g	Athletic programs? .....	33g		
h	Other extracurricular activities? .....	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)				
.....				
.....				
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a		
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b		
If you answered "Yes" to either 34a or b, please explain using an attached statement				
.....				
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check <input type="checkbox"/> a	If the organization belongs to an affiliated group.	Check <input type="checkbox"/> b	If you checked "a" and "limited control" provisions apply.
----------------------------------	---	----------------------------------	--

Limits on Lobbying Expenditures		(b) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37		
38 Total lobbying expenditures (add lines 36 and 37) .....	38		
39 Other exempt purpose expenditures .....	39		
40 Total exempt purpose expenditures (add lines 38 and 39) .....	40		
41 Lobbying nontaxable amount. Enter the amount from the following table:			
If the amount on line 40 is-	The lobbying nontaxable amount is-		
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 18% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	41	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
42 Grassroots nontaxable amount (enter 25% of line 41) .....	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount .....					
46 Lobbying ceiling amount (150% of line 45(e)) .....					
47 Total lobbying expenditures .....					
48 Grassroots nontaxable amount .....					
49 Grassroots ceiling amount (150% of line 48(e)) .....					
50 Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers .....			
b Paid staff or management (include compensation in expenses reported on lines c through h.) .....			
c Media advertisements .....			
d Mailings to members, legislators, or the public .....			
e Publications, or published or broadcast statements .....			
f Grants to other organizations for lobbying purposes .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
i Total lobbying expenditures (Add lines c through h.) .....			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Federal Statements**

FYE: 6/30/2005

**Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue**

<u>Description</u>	<u>Amount</u>
Miscellaneous Income	\$ 1,569
Total	<u>\$ 1,569</u>

317 HERNANDO COUNTY EDUCATION DIRECT  
59-3031959  
FYE: 6/30/2005

## Federal Statements

10/4/2005 11:41 AM

### Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity		Book Value	BV Explan	FMV Explan
				Cash Contrib	NonCash Contrib			
Mini Grants				\$ 5,871	\$			
Scholarships				8,305				
Science Fair				4,043				
Enviornmental Center				11,532				
Total				\$ 29,751	\$ 0	\$ 0		

**Federal Statements****Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
	\$
Expenses	
Teacher/Employee of Year	15,867
Meetings	1,075
Supplies	170
Academy of Teachers	1,438
General Expenses	16,218
Misc Other Expenses	958
Fund Raising Expenses	6,130
Total	\$ <u>41,856</u>

**Statement 4 - Form 990-EZ, Line 26 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Grants Payable	\$ 647	\$
Due to school Board		11,980
Total	\$ <u>647</u>	\$ <u>11,980</u>

**Federal Statements**

FYE: 6/30/2005

**Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service  
Accomplishments**

TEACHER AND EMPLOYEE OF THE YEAR EVENTS - RECOGNITION  
OF OUTSTANDING TEACHERS AND SCHOOL RELATED EMPLOYEES  
FOR THEIR EFFORTS TO HELP YOUTH OF HERNANDO COUNTY

317 HERNANDO COUNTY EDUCATION DIRECT  
59-3031959  
FYE: 6/30/2005

### Federal Statements

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**Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees**

Name	Address	Average Hours	Compensation	Benefits	Expenses
	City, State, Zip	Title			
Gus Guadagnino	16230 Aviation Loop Dr Brooksville FL 34604	President	0	0	0
Major Royce Decker	18900 Cortez Blvd. Brooksville FL 34601	First Vice P	0	0	0
Lorrie Jackson	1300 Pinehurst Dr Spring Hill FL 34606	Second Vice	0	0	0
Doris Bedell	5196 Hope Lane Spring Hill FL 34606	Treasurer	0	0	0
Lori Bainum	15365 Cortez Blvd Brooksville FL 34613	Director	0	0	0
Reggie Miller	1511 Arnold Ave Brooksville FL 34601	Director	0	0	0
Donald Page	1000 S Broad Street Brooksville FL 34601	Director	0	0	0
Morris Porton	12435 Cortez Blvd. Brooksville FL 34613	Director	0	0	0
Kathleen J Reitz	919 N Broad St Brooksville FL 34601	Exec. Direct	0	0	0
Richard Ritchie	1460 Willow Creek Terr Spring Hill FL 34606	Director	0	0	0
Janice Schlaich	475 Cressida Circle Spring Hill FL 34609	Director	0	0	0
Jonnie Spirmont	6335 Blackbird Ave. Brooksville FL 34601	Director	0	0	0
Tim Stoops	5331 Commercial Way Spring Hill FL 34606	Director	0	0	0
Barbara Sweinberg	7561 Gates Circle Spring Hill FL 34606	Director	0	0	0
Scott Twyman	2850 S Lecanto Hwy. Lecanto FL 34461	Director	0	0	0
Kirk Wilson	23053 Cortez Blvd Brooksville FL 34601	Director	0	0	0
John Druzbeck	919 N Broad St Brooksville FL 34601	Ex Officio	0	0	0

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FYE: 6/30/2005

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## Federal Statements

**Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)**

Name	Address	Average Hours	Compensation	Benefits	Expenses
	City, State, Zip	Title			
Roy Gordon	919 N Broad St Brooksville FL 34601	Ex Officio	0	0	0
Wendy Tellone	919 N Broad St Brooksville FL 34601	Superintendt	0	0	0
Tracy Echols	3630 Commercial Way Spring Hill FL 34606	Director	0	0	0
Craig Fulmer	5410 Mariner Street Suite 100 Tampa FL 33609	Director	0	0	0

**Federal Statements****Statement 7 - Schedule A, Part III, Line 3a - Explanation of Grant / Loan Qualifications**

The Organization provides mini-grants and scholarships to individuals on a competitive basis. Committees are formed involving teachers and board members to evaluate the grant and scholarship applications, using a point rating system. Each year the committees include both new and repeat members.

**Federal Statements****Statement 8 - Schedule A, Part IV-A, Line 22 - Other Income**

Description	2003	2002	2001	2000
	\$ 453	\$ 450	\$ 1,358	\$ 429
Total	\$ 453	\$ 450	\$ 1,358	\$ 429